

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

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2. INVENTOR(S) ADDRESS; CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

07/154,514

02/05/88

012

FAY, Z

125

11/09/89

First Named

Applicant JANI

RAJNI

TITLE OF
INVENTION

SUSTAINED RELEASE, COMFORT FORMULATION FOR GLAUCOMA THERAPY

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1

509-020/B

424-078.000

A61

UTILITY NO

6620.00

02/09/90

3. Further correspondence to be mailed to the following:

James A. Arno
Patent Department
Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth, Texas 76134

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 James A. Arno

2 Gregg C. Brown

3 Sally Yeager

P 30179 01/19/90 07154514
P 30180 01/19/90 07154514

DO NOT USE THIS SPACE

01-0682 030 142
01-0682 030 501

620.00CH
15.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Alcon Laboratories, Inc.

(2) ADDRESS: (City & State or Country)

Fort Worth, Texas, USA

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Delaware

A. ☐ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

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TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
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on January 12, 1990
(Date)

Mary S. Langley
(Name of person making deposit)

Mary S. Langley
(Signature)

January 12, 1990
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